

North Carolina Breast and
Cervical Cancer Control Program/
WISEWOMAN Project
Monitoring Plan

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**North Carolina Department of Health and Human Services
Division of Public Health • Chronic Disease and Injury Section
Cancer Prevention and Control Branch
Breast and Cervical Cancer Control Program/Wise Woman Project
1922 Mail Service Center • Raleigh, North Carolina 27699-1922
Tel 919-707-5300 • Fax 919-870-4812**

Beverly Eaves Perdue, Governor
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Jeff Engle, MD
State Health Director

**NORTH CAROLINA
BREAST AND CERVICAL CANCER CONTROL PROGRAM/WISEWOMAN
MONITORING PROCESS**

Program Overview

The North Carolina Breast and Cervical Cancer Control Program (BCCCP) and the Well Integrated Screening Evaluation For Women Across the Nation (WISEWOMAN) Project are supervised and monitored by the Cancer Prevention and Control Branch of the Chronic Disease and Injury Prevention Section of the Division of Public Health. BCCCP is funded by the National Breast and Cervical Cancer Early Detection Program in the Centers for Disease Control and Prevention (CDC). WISEWOMAN is funded by the CDC Multi-grant.

Both of these programs are administered by Local Health Departments and by some additional non-health department agencies. Some agencies may only provide BCCCP services, others may provide BCCCP and WISEWOMAN, but no agencies provide WISEWOMAN without BCCCP.

Recent modifications have been made to the Monitoring Procedures for BCCCP and WISEWOMAN so that monitoring visits for both programs can be accomplished simultaneously. After a pilot of the new plan with ten (10) local health agencies, the new monitoring process became effective statewide July 1, 2006.

The monitoring process is designed to verify and document the quality of services and efficiency of operations of the BCCCP/WISEWOMAN providers in North Carolina. When program services do not meet established standards, a corrective action plan will be required.

Monitoring Process:

A. Administration - The Monitoring Team will:

1. Monitor the CDC Performance Indicators monthly via a desk review of monthly performance reports. Compliance with Performance Indicators determines revised budget changes throughout the fiscal year and annually.
2. Monitor NC BCCCP/WISEWOMAN screening and follow-up providers who have:
 - been active providers for at least 12 full months and selected for program review
 - had documented problems or clinical concerns after orientation, training, and/or consultation
3. Perform on-site monitoring of all providers at least every 3 years. Providers may be re-

evaluated more frequently based upon the following indicators:

- Persistent non-compliance with monthly monitored CDC Performance Indicators
- Follow-up on corrective action plan implementation
- At the request of service provider

B. **Monitoring Schedule** – Attachment I

C. **Monitoring Criteria** - Monitoring criteria have been developed by the NC BCCCP/WISEWOMAN staff and are based on both programmatic and clinical agreement addenda requirements. The clinical records selected for monitoring are a sample from the computerized listing of the NC BCCCP/WISEWOMAN data received from providers. Evaluations are completed on a minimum of 5 records and not to exceed 10 records within a 12-month time period.

1. **Guidelines for Monitoring for Districts**

- Schedule all counties to be monitored in a District for review on consecutive days if possible.
- Medical records from each site will be reviewed.
- Each individual county within a District will be assessed for their own Accountability for charting, follow-up, case management and other clinical concerns.
- A medical record review report for each county will be done with one cover letter to the District addressing performance indicators for screening numbers as a district.
- Each county will receive a copy of the cover letter and the respective attachments.
- Corrective Action Plans will be required (if applicable) for individual counties if the deficiency is in patient care or charting.
- A Corrective Action Plan will be required for the District if the deficiency is administrative or related to target screening goals.

2. **Guidelines for Record Selection for any entity:**

- Identify 10 records per program of women screened within the previous 12 months (At the onsite monitoring visit a minimum of 5 records per program not to exceed 10 will be reviewed).
- Women screened may have been enrolled in both programs.
- After the monitor contacts the BCCCP/WISEWOMAN Coordinator via phone to arrange the monitoring site visit, a confirmation letter (Attachment II), a copy of the monitoring visit process, and all monitoring tools will be sent to the agency.
 - At least two weeks prior to the site visit, the monitor will send the Pre-Assessment survey (Attachment III) to the county or CBO. This survey should be completed and returned prior to the site visit.
- The list of names selected for the onsite monitoring visit will be mailed or faxed.
 - a. **BCCCP Records**
 - Identify at least two women with abnormal breast and two with abnormal cervical findings
 - The abnormal breast findings should include a woman with an abnormal CBE and a woman with a normal CBE and abnormal mammogram
 - Identify at least two records of women enrolled in BCCM
 - The remaining four records can be randomly selected
 - b. **WISEWOMAN Record Selection:**

- Medical records with alert values must be monitored first
- The remaining records may be selected randomly

D. On-site Monitoring:

- a. We have developed a monitoring site visit checklist (Attachment IV) that may be used to prepare for the site visit
- b. Upon arrival at the agency, the monitoring visit agenda (Attachment V) may be used.
- c. During the site visit, the following activities are performed:
 - i. Record reviews using
 - BCCCP Record Review tool (Attachment VI)
 - WISEWOMAN Record Review tool (Attachment VII) if applicable.
 - ii. Complete the On-site Monitoring Tool (Attachment VIII)

E. **Measurement of Criteria** - Monitoring criteria are measured against documented evidence of program administration, enrollment, screening, referral, follow-up, and education services in the patient's clinical record.

F. **Analysis of the Variations** - The monitoring team will analyze the variations between the monitoring criteria and documented practice to determine the nature and scope of any identified problems. If the variations prevent adequate program performance, corrective action may be required.

G. **Planned Action and Follow-Up** - After the monitoring visit is complete, a summary of findings will be discussed. Copies of the monitoring reports will be sent to the appropriate members of the program staff within 45 days. Corrective action plan template (Attachment IX) will be provided to respond to monitoring findings along with a CAP Letter (Attachment X). A response must be submitted within 45 days. The Monitoring Team will re-evaluate within 12 months after the corrective action plan is approved. Persistent non-compliance may result in forfeiture of continued funding. If no compliance findings are identified the Monitoring letter – no CAP required (Attachment XI) will be sent to the agency.

H. **Monitoring Documentation** - All monitoring documentation is maintained in the Provider files in the BCCCP/WISEWOMAN office central.

Subject to Change



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Beverly Perdue, Governor
Lanier Cansler, Secretary

Jeff Engle, MD
State Health Director

October 25, 2007

Mr. _____, Health Director
_____ County Health Department
Address
City, NC ZipCode

Dear Mr. _____:

This letter is to confirm the following details for the revised NC North Carolina Breast and Cervical Cancer Control Program (BCCCP) clinical record review and monitoring visit at your facility.

Date: Nov. 15, 2007 at _____ County Health Dept.
Time: 10:00 a.m. - 4:00 p.m.
Monitoring Team: Nurse Consultant to Monitor

Reviews will be conducted on a minimum of 5 records per program, not to exceed 10 records within a 12 month time period.

In preparation for the monitoring visit, please:

- Complete the attached Pre-Assessment Survey and **return by date**.

Pre-Assessment Survey results may be submitted by mail, fax, or electronically.

- **Fax:** (919) 870 - 4812
- **Email:** _____@ncmail.net
- **To:** Regional Nurse Consultant at
1922 Mail Service Center,
Raleigh, NC 27699

The timely completion and return of the Pre-Assessment Survey will expedite the monitoring process.

- Pull the records of all women named on the Patient List, which will be faxed to you **within the next few business days**.
- Check to be sure all BCCCP forms are with each record.

On the day of the monitoring visit:

Attachment II

- Please provide a work location in a non-busy area for on-site record review. Our staff appreciates your sharing of often-limited office space.
- Please have pertinent clinical and program manuals available on-site for the review team.
- Please have pertinent accounting or financial records available, or someone who is able to access these records if needed. (Records may include such items as accounts payable or invoices for diagnostic services, time records charged to BCCCP.

<u>Breast & Cervical Cancer Control Program</u>	<u>WISEWOMAN Project (If applicable)</u>
<ul style="list-style-type: none">■ BCCCP Training Manual■ BCCCP Case Management Kit■ Breast Health: A Guide for Health Departments and Providers■ Pap Screening Manual: A Guide for Health Departments and Providers■ Recruitment and Education Resource Notebook	<ul style="list-style-type: none">■ WISEWOMAN Project Training Manual■ New Leaf...Choices for Healthy Living Manual■ NHLBI recommendations for Prevention, Detection, Evaluation & Treatment of High Blood Pressure (JNC 7)■ American Diabetes Association Clinical Practice Recommendations

- Please plan to meet with the Monitoring Team at 10:00 a.m. to review the agenda and discuss any concerns related to the Pre-Assessment Survey.
- Staff should be available on-site throughout the day for potential questions and assistance.
- Plan to spend 45 - 60 minutes at the end of the visit to discuss monitoring findings.

If you have any questions regarding the monitoring visit, please call me at (919) 707- 53##. Your spirit of cooperation with the monitoring process supports and maintains the basic element of all NC BCCCP/WW activities for quality assurance.

Yours truly,

Name of Nurse Consultant
Regional Nurse Consultant
Cancer Prevention & Control Branch

Cc: _____, Nursing Director
Linda Rascoe, Program Director, NC BCCCP/WISEWOMAN

3CCCP Coordinator: _____ WISEWOMAN Coordinator: _____

Assessment Completed By: _____
(Name) (Position/Job Title) (Date)

Performance Management		
Breast Cancer Performance Indicator	CDC Standard	Current FY
1. Screening mammograms provided to women > 50 years of age	≥ 75%	
2. Abnormal screening results with complete follow-up	≥ 90%	
3. Abnormal screening results; Time from screening to diagnosis < 60 days	≤ 25%	
4. Treatment started for breast cancer	≥ 90%	
5. Breast cancer; time from diagnosis to treatment <60 days	≤ 20%	
Cervical Cancer Performance Indicator	CDC Standard	Current FY
6. Initial Program Pap test, rarely or never screened	≥ 20%	
7. Abnormal screening with complete follow-up	≥ 90%	
8. Abnormal screening results: time from screening to diagnosis <60 days	≤ 25%	
9. Treatment started for diagnosis of HSIL, CIN II, CIN III, CIS, Invasive Cancer	≥ 90%	
10. HSIL, CIN II, CIN III; time from diagnosis to treatment <90 days	≤ 20%	
11. Invasive carcinoma; time to diagnosis to treatment <60 days	< 20%	

WISEWOMAN PERFORMANCE INDICATORS	CDC STANDARD	Current FY
1. Screen the projected number of women on the contract with CDC	FY Target	
2. Percentage of WISEWOMAN participants screened who are seen for their BCCCP annual exam 12-18 months after their WISEWOMAN baseline screening will receive a WISEWOMAN rescreening.	≥95%	
3. Percentage of <u>new women</u> screened who have completed required lifestyle intervention sessions according to NC WISEWOMAN policy.	≥75%	
4. Percentage of women who have a alert screening values will be seen by a healthcare provider immediately or within one week (or documentation reflects why this did not happen)	≥95%	

Attachment III: BCCCP/WW Project Pre-Assessment

Patient Eligibility & Enrollment		Response	
1. All women enrolled in our BCCCP/WW Project meet the program financial eligibility requirements – under 250% of FPG for current fiscal year.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Income for program eligibility is assessed by:		<input type="checkbox"/> Self-declaration <input type="checkbox"/> Written documentation <input type="checkbox"/> Other: _____	
3. BCCM income eligibility is verified and documented in the patient medical record		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
4. Patient insurance information is documented in the medical record Some other records? _____ Where? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. The BCCCP/WW income guidelines are updated each year.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Patients are enrolled in BCCCP/WW program through the following mechanisms:		<input type="checkbox"/> Self Referral <input type="checkbox"/> Internal agency referrals <input type="checkbox"/> Other (please specify) _____	
Fiscal Management		Response	
7. List the name and title of person(s) responsible for the management of federal and state BCCCP and/or WW budget and expenditures. Name: _____ Title: _____ Name: _____ Title: _____			
8. The BCCCP/WW coordinator(s) participate(s) in management of program budgets.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. a. Total funds allocated for FY	9a. <input type="checkbox"/> Federal \$ _____	<input type="checkbox"/> State \$ _____	<input type="checkbox"/> WW \$ _____
b. Expenditures to date	9b. <input type="checkbox"/> Federal \$ _____	<input type="checkbox"/> State \$ _____	<input type="checkbox"/> WW \$ _____
c. Other funds allocated for FY (e.g., Komen, ACS, local funds, etc.)	9c. <input type="checkbox"/> BCCCP \$ _____		<input type="checkbox"/> WW \$ _____
10. Does the agency apply a Sliding Fee Scale for BCCCP/WW services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are women charged for BCCCP/WW covered services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contracts			
12. Name and title of the person(s) who has responsibility for ensuring that contracts for all services are current. Name: _____ Title: _____ Name: _____ Title: _____			
13. Current contracts or letters of agreement are on file for the following services: <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Colposcopy <input type="checkbox"/> FNA <input type="checkbox"/> Pathology <input type="checkbox"/> Radiology <input type="checkbox"/> Surgical Consult <input type="checkbox"/> WISEWOMAN Medical Evaluation <input type="checkbox"/> Mammograms – the contracted facility is accredited under the Mammography Quality Standards Act (MQSA) regulations <input type="checkbox"/> Pap tests – the facility is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) <input type="checkbox"/> WISEWOMAN Lab Services – the facility is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) or other approved certification.			

Attachment III: BCCCP/WW Project Pre-Assessment

14. Laboratory services for pap testing are provided by:	Name of Lab/Facility: _____	
15. Analysis of blood for Total Cholesterol, HDL, and Glucose/A1C is conducted	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (If off site please provide name of reference lab _____)	
16. a. The CLIA Certificate for the onsite lab is current b. The CLIA Certificate for the offsite lab is current	a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
17. Contracts for ALL services provided above are reviewed and renewed annually <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services. Additional worksheets for this question are attached for your use. Name and Title: _____ Agency or Organization: _____ Address: _____ _____	BCCCP <input type="checkbox"/> Mammography <input type="checkbox"/> Follow-up abnormal breast <input type="checkbox"/> Follow-up abnormal cervix <input type="checkbox"/> Surgical consult <input type="checkbox"/> Other _____	WISEWOMAN <input type="checkbox"/> WISEWOMAN Medical Evaluation <input type="checkbox"/> Nutrition Services <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Diabetes Education
Clinical Procedures & Program Resources		
19. Current copies of the following are available and accessible to all relevant staff: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Breast & Cervical Cancer Control Program</u></p> <ul style="list-style-type: none"> ■ BCCCP Training Manual ■ BCCCP Case Management Kit ■ Breast and Cervical Screening Manual: A Guide for Health Departments and Providers ■ Recruitment and Education Resource Notebook <p><u>WISEWOMAN Project</u></p> <ul style="list-style-type: none"> ■ WISEWOMAN Training Manual ■ New Leaf...Choices for Healthy Living Manual ■ NHLBI recommendations for Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) ■ American Diabetes Association Clinical Practice Recommendations </div> <div style="width: 45%;"> <p><u>Responses</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Responses</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> </div> </div>		
20. a. The BCCCP/WISEWOMAN Training Manual is updated annually.	a. <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. In which clinics are BCCCP/WISEWOMAN participants screened?	<input type="checkbox"/> BCCCP Clinic (schedule) _____ <input type="checkbox"/> General adult health clinic (schedule) _____ <input type="checkbox"/> Both of above (schedule) _____ <input type="checkbox"/> Primary Care Clinic (schedule) _____ <input type="checkbox"/> Other (schedule) _____	
22. Are your BCCCP/WISEWOMAN services integrated ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Referrals to providers outside of your agency are documented on what form?	<input type="checkbox"/> DHHS 2734 (Referral/Follow-up Form) <input type="checkbox"/> Other agency form _____	

Attachment III: BCCCP/WW Project Pre-Assessment

24. Name and title of person(s) responsible for coordinating follow-up and providing case management of patients with abnormal clinical results: Name: _____ Title: _____ Name: _____ Title: _____						
25. Each patient signs a consent form annually in order to participate in: a. BCCCP b. WISEWOMAN	a. <input type="checkbox"/> Yes <input type="checkbox"/> No b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
26. Notification of Receipt of Privacy Practices is signed, dated and in the chart a. BCCCP b. WISEWOMAN	a. <input type="checkbox"/> Yes <input type="checkbox"/> No b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
27. Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments to WISEWOMAN participants in your agency. Additional worksheets for this question are attached for your use. Name: _____ Position: (RN, MD, NP, PA) _____ Agency or Organization: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th colspan="2" style="padding: 5px;">Additional training completed:</th> </tr> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <u>BCCCP</u> Check all that apply: <input type="checkbox"/> Physical Assessment of Adults <input type="checkbox"/> BCCCP Orientation <input type="checkbox"/> BCCCP Case Management <input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM) <input type="checkbox"/> Clinical Breast Exam <input type="checkbox"/> Other _____ </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <u>WISEWOMAN</u> Check all that apply: <input type="checkbox"/> WISEWOMAN Orientation <input type="checkbox"/> New Leaf Orientation <input type="checkbox"/> Blood Pressure Measurement Review <input type="checkbox"/> Other _____ </td> </tr> </table>		Additional training completed:		<u>BCCCP</u> Check all that apply: <input type="checkbox"/> Physical Assessment of Adults <input type="checkbox"/> BCCCP Orientation <input type="checkbox"/> BCCCP Case Management <input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM) <input type="checkbox"/> Clinical Breast Exam <input type="checkbox"/> Other _____	<u>WISEWOMAN</u> Check all that apply: <input type="checkbox"/> WISEWOMAN Orientation <input type="checkbox"/> New Leaf Orientation <input type="checkbox"/> Blood Pressure Measurement Review <input type="checkbox"/> Other _____
Additional training completed:						
<u>BCCCP</u> Check all that apply: <input type="checkbox"/> Physical Assessment of Adults <input type="checkbox"/> BCCCP Orientation <input type="checkbox"/> BCCCP Case Management <input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM) <input type="checkbox"/> Clinical Breast Exam <input type="checkbox"/> Other _____	<u>WISEWOMAN</u> Check all that apply: <input type="checkbox"/> WISEWOMAN Orientation <input type="checkbox"/> New Leaf Orientation <input type="checkbox"/> Blood Pressure Measurement Review <input type="checkbox"/> Other _____					
Our program requests consultation from Cancer Branch staff in the following areas:						
<u>BCCCP</u> Check all that apply: <input type="checkbox"/> Physical Assessment of Adults <input type="checkbox"/> BCCCP Orientation <input type="checkbox"/> BCCCP Case Management <input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM) <input type="checkbox"/> Clinical Breast Exam <input type="checkbox"/> Other _____	<u>WISEWOMAN</u> Check all that apply: <input type="checkbox"/> WISEWOMAN Orientation <input type="checkbox"/> New Leaf Orientation <input type="checkbox"/> Blood Pressure Measurement Review <input type="checkbox"/> Other _____	<u>Additional Needs:</u> <input type="checkbox"/> Fiscal Management/contracts <input type="checkbox"/> Data training <input type="checkbox"/> Program Orientation <input type="checkbox"/> Recruitment and Community Resources <input type="checkbox"/> Other _____				
<u>Comments:</u> _____ _____ _____ _____ _____ _____ _____ _____						

Attachment III: BCCCP/WW Project Pre-Assessment
Additional Sheet for Question 18 (Please make additional copies of this page, as needed)

<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>
<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>
<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services. Extra sheets of this question are attached for your use.</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>
<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>
<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>

Extra Sheet for Question 27 (Please make additional copies of this page, as needed)

BCCCP/WW Professionals	Additional training completed:	
<p>Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments to WISEWOMAN participants in your agency.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Case Management</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> New Leaf Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>
<p>Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments to WISEWOMAN participants in your agency.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Case Management</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> New Leaf Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>
<p>Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments to WISEWOMAN participants in your agency.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Case Management</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> New Leaf Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>
<p>Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments to WISEWOMAN participants in your agency.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Case Management</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> New Leaf Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>
<p>Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments to WISEWOMAN participants in your agency.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Case Management</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> New Leaf Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>

MONITORING SITE VISIT CHECKLIST (STUFF TO TAKE)

- ☐ Paper forms and documents
 - ☐ CPCB address and email printouts for agency
 - ☐ Confirmation letter
 - ☐ Monitoring procedures
 - ☐ Monitoring process
 - ☐ Intro interview notes form
 - ☐ Pre-assessment survey (completed)
 - ☐ Patient list and recent HSIS printouts
 - ☐ On-site assessment tool
 - ☐ BCCCP (and WISEWOMAN if applicable) clinical record review forms
 - ☐ Blank CAP and QI forms
 - ☐ Strengths and weaknesses form
 - ☐ Exit interview notes form
- ☐ Monitoring handbook (make sure all documents are updated and include relevant documents from prior year)
- ☐ Office supplies file
- ☐ BCCCP Program manuals
 - ☐ BCCCP Training Manual
 - ☐ Breast Health Manual / Pap Manual
 - ☐ Case Management Kit (old and new)
 - ☐ Recruitment and Education Resources Notebook
- ☐ WISEWOMAN Project manuals (if applicable)
 - ☐ Training manual
 - ☐ New Leaf
 - ☐ JNC-7 / ATP III
 - ☐ ADA Clinical Practice Recommendations



Monitoring Visit Agenda

Date

X:XX AM to X:XX AM

Sample County Health Department

Meeting called by:

Type of meeting:

Facilitator:

Attendees:

Please read:

Please bring:

----- Agenda Topics -----

On-site Monitoring Visit	Nurse Consultant Name	20
Review Monitoring Process	Nurse Consultant Name	10
Discuss the Pre-Assessment Findings	Lead Person	10
Explain Agenda for Day	Lead	5
Identify Contact Information	Lead	
Orientation to LHD Medical Record	BCCCP/WW Coordinator	5
Locate Policy & Procedure Manuals	BCCCP/WW Coord.	5
Questions &/or Concerns from LHD Staff	Lead	5-10
Closing Remarks	Lead Person	

Other Information

Observers:

Resource persons:

Special notes:

BCCCP Provider Agency _____

Date _____

Reviewer(s) _____

Legend: ✓ = Yes P = Partial O = No N/A = Not Applicable		BCCCP CLINICAL RECORD REVIEW									
Records (# - last 4 digits)											
Date of Service											
Consent/Release of Information/ HIPAA											
Eligibility											
Insurance											
Demographic Information											
BREAST CANCER SCREENING											
Breast and Mammogram History											
BSE Instruction											
CBE											
SCR Mammogram if ≥50 years old											
Mammogram Report											
Patient Notification											
Refusal Documented											
Abnormal CBE follow up											
Refer to physician	Referral Results										
Diagnostic Mammogram/Ultrasound											
FNA/Biopsy											
Case Management Documented											
Refusal or Non-response Documented											
Abnormal mammogram follow up											
Patient Notification											
Refer to physician	Referral Results										
Dx Mammogram/Ultrasound Report											
Biopsy											
Refusal or Non-response Documented											
CERVICAL CANCER SCREENING											
Pap History											
Pap Test	Pap Results										
Pelvic Exam											
Patient Notification											
Refusal Documented											
Abnormal Pap follow up											
Patient Notification											
Refer to physician	Referral Results										
Colposcopy/Biopsy/ECC Results											
Refusal or Non-response Documented											
CASE MANAGEMENT											
Case Management Documented											
Needs Assessment / Care Plan											
BCC MEDICAID											
Application in Chart											
Income Verified - if applicable											

Attachment VII:

WISEWOMAN CLINICAL RECORD REVIEW

Name of Agency _____

Date _____

Reviewer(s) _____

Legend: ✓ =Yes P = Partial O=No N/A =Not Applicable	WISEWOMAN CLINICAL RECORD REVIEW							
Records (# - last 4 digits)								
Dates of Service								
BCCCP/WW Integration								
Consent/Release of Information								
BCCCP Eligibility								
Level of education								
History - Clinical Screening								
Risk Assessment Complete								
Complete clinical screening								
Height and weight measurement								
Blood Pressure 1 st and 2 nd measurement								
Cholesterol/HDL								
Glucose or HgA1C								
Educational Interventions								
Education at enrollment								
Additional educational interventions								
Abnormal BP follow up								
In house clinical evaluation								
Patient Notification								
Refer to physician - date referred								
Referral Results – DHHS 4049B								
Case Management on Alerts - DHHS 4067								
Refusal Documented								
Abnormal Cholesterol follow up								
Patient Notification								
Referral to physician								
Referral Results – DHHS 4049B								
Case Management on Alerts - DHHS 4067								
Refusal Documented								
Abnormal Blood Glucose follow up								
Patient Notification								
Referral to physician								
Referral Results – DHHS 4049B								
Case Management on Alerts - DHHS 4067								
Refusal Documented								
Clinical Rescreening								
2-18 month re-screening								

North Carolina Breast and Cervical Cancer Control Program and WISEWOMAN Project On-Site Program Review

Agency/Contractor: _____ Date of Visit: _____

Time Period Covered by Review: _____ to _____

Cancer Branch Review Team:

- ☐ Paris Mock, Nurse Consultant
- ☐ Pat Cannon Fowler, Nurse Consultant
- ☐ Taryn Edwards, WISEWOMAN Project Coordinator & BCCCP Nurse Consultant
- ☐ Vicki Deem, Nurse Consultant
- ☐ _____
- ☐ _____

Agency personnel present at the entrance conference:

- ☐ Health Director: _____
- ☐ Director of Nursing/RN Supervisor: _____
- ☐ BCCCP Coordinator: _____
- ☐ WISEWOMAN Coordinator: _____
- ☐ _____

Sources utilized for collection of information:

☐ Patient Chart ☐ HSIS/Vendor System ☐ Staff Member ☐ Log Books/Tickler File ☐ Training Manual

Onsite Assessment Worksheet

Breast Cancer Performance Indicator	CDC Standard	Current FY
1. Screening mammograms provided to women > 50 years of age	≥ 75%	
o Abnormal screening results with complete follow-up	≥ 90%	
o Abnormal screening results; Time from screening to diagnosis < 60 days	≤ 25%	
2. Treatment started for breast cancer	≥ 90%	
3. Breast cancer; time from diagnosis to treatment <60 days	≤ 20%	
Cervical Cancer Performance Indicator	CDC Standard	Current FY
4. Initial Program Pap test, rarely or never screened	≥ 20%	
5. Abnormal screening with complete follow-up	≥ 90%	
6. Abnormal screening results: time from screening to diagnosis <60 days	≤ 25%	
7. Treatment started for diagnosis of HSIL, CIN II, CIN III, CIS, Invasive Cancer	≥ 90%	
8. HSIL, CIN II, CIN III; time from diagnosis to treatment <90 days	≤ 20%	
9. Invasive carcinoma; time to diagnosis to treatment <60 days	≤ 20%	

WISEWOMAN Performance Indicators	CDC STANDARD	Current FY
1. Screen the projected number of women on the contract with CDC	NC WW > 2500	
2. Percentage of WISEWOMAN participants screened who are seen for their BCCCP annual exam 12-18 months after their WISEWOMAN baseline screening will receive a WISEWOMAN rescreening.	≥95%	
3. Percentage of <u>new women</u> screened who have completed required lifestyle intervention sessions according to NC WISEWOMAN policy.	≥75%	
4. Percentage of women who have a alert screening values will be seen by a healthcare provider immediately or within one week (or documentation reflects why this did not happen)	≥95%	

Fiscal Management	Results	Comments
1. Verification that all fee schedules, age, and income eligibility guidance are current.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Evidence that current contracts or letters of agreement are in place with all providers.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Verification that a budget monitoring process/system is in place with a separate account for federal BCCCP funds, state BCCCP funds, and WISEWOMAN.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

Attachment IV: On-site Program Review
NC BCCCP/WW Project Review

4. Verification that appropriate payment(s) are made for BCCCP/ WW procedures. (Review payment invoices and vouchers)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. Verification that patients are not charged inappropriately for BCCCP/ WW covered services.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Verification that sliding scale fee is applied appropriately for income. Consult with the administrative consultants if indicated.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7. Evidence that the monthly expenditure reports for BCCCP/WW balances with the monthly general ledger expenditures.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8. Verify that staff time allocated to the BCCCP/WW budgets is for individuals providing direct services. (Review a one month time study.)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Clinical Management	Results	Comments
1. A review of not less than 5 or more than 10 medical records and documents to include normal and abnormal findings.		
a. Consent Form is current, signed and dated annually	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
b. BCCCP and WISEWOMAN services are integrated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
c. Documentation of all referrals to a medical provider for evaluation of abnormal results is present	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
d. Patient education is documented (i.e., Breast Self Examination, Physical Activity, Nutrition, and Smoking behavior)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

e. Patients are informed of results of examinations and all test results	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
f. Documentation is present of all attempts to notify patient of abnormal results [The third attempt documented by certified letter return receipt].	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
g. Documentation of all follow up services provided to patient is present	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
h. Case closure due to non-compliant patient is documented by two attempts to follow up, with a third attempt by certified letter by return receipt	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
i. Pap test reports are filed in medical record	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
j. Mammogram results are filed in medical record	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Clinical Management	Results	Comments
k. Case Management is appropriately documented: BCCCP - Needs Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Case Management Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Both documented in electronic data <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN - Plan of Care documented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Case Management form for Alert Values <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
l. BCCM application is completed on all eligible women.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Evidence of a tracking system in place for follow up of abnormal results and annual rescreening (i.e., computer program, notebook, tickler cards, logs)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Evidence that appropriate materials for patient education are available and provided.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

4. Evidence of a plan to track and provide rescreening for women at appropriate intervals.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. Evidence of correct and consistent medical record documentation.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
General Management	Results	Comments
1. Evidence that BCCCP and WW patient services are discussed as part of a policy and procedure/ clinical service review.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Evidence of a regular schedule (at least annually) of clinical record reviews conducted by staff and corrective plans made.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Evidence of timely submission of patient services/data by the 10th of the month following the date of service.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
General Management	Results	Comments
4. Evidence that clinical forms are current and reflect required program data fields.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. Evidence that Program participant supplies are available. (i.e., BCCCP Bookmarks, Women Staying Healthy, Active and Well, Pink Ribbon magnets and zipper pulls, New Leaf...Choices for Healthy Living, pedometers, TheraBands, etc.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Current copies of the following information are available and accessible?		
Breast & Cervical Cancer Control Program		Responses
■ BCCCP Training Manual		<input type="checkbox"/> Yes <input type="checkbox"/> No
■ BCCCP Case Management Kit		<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Breast and Cervical Screening Manual: A Guide for Health Departments and Providers		<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Recruitment and Education Resource Notebook		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Current copies of the following information available and accessible?

WISEWOMAN Project

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| ■ WISEWOMAN Training Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| ■ New Leaf...Choices for Healthy Living Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| ■ NHLBI recommendations for Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| ■ American Diabetes Association Clinical Practice Recommendations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Additional Comments or Findings: _____

Name and Title of Agency Persons at Exit Conference

- ☐ Paris Mock, Nurse Consultant
- ☐ Pat Cannon Fowler, Nurse Consultant
- ☐ Taryn Edwards, WISEWOMAN Project Coordinator & BCCCP Nurse Consultant
- ☐ Vicki Deem, Nurse Consultant
- ☐ _____
- ☐ _____
- ☐ Health Director: _____
- ☐ Director of Nursing/RN Supervisor: _____
- ☐ BCCCP Coordinator: _____
- ☐ WISEWOMAN Coordinator: _____
- ☐ _____
- ☐ _____

Agency Comments at Exit Conference

**NORTH CAROLINA
BREAST AND CERVICAL CANCER CONTROL PROGRAM/WISEWOMAN
Monitoring Committee Findings
& Corrective Action Template**

Agency: _____
Date of Monitoring Visit: _____

FY 2008-2009

After the monitoring visit is complete, a summary of findings will be discussed by the monitoring team with provider staff on-site. Copies of the monitoring reports will be sent to the appropriate members of the

A Corrective Action Plan (CAP) needs to be submitted and implemented within 45 days addressing each out-of-compliance issue identified using the following template:

The Monitoring Team will re-evaluate 6-12 months after the corrective action plan is approved.

Continuation of the provider's service contract will be evaluated based upon the ability to meet performance indicators for delivery of contract services and monitoring criteria.

Compliance Issues	Agency Corrective Action Plan (CAP) Response	Person Responsible	Implementation Date
This column will list any out of compliance issues found in each chart reviewed, plus the number of times identified. Discussion with above identified staff will include review of specific BCCCP/WISEWOMAN Agreement Addendum requirements that impact the issue, as well as agency protocol that reinforces the need for accurate documentation pertaining to the issue.	This column lists/documents how the Provider staff plans to address the issues identified in Column 1.	"Who" will address "this issue" with "which pertinent staff" ...	By "when?"
	During the review process, if agency protocols are determined to need updating, revision, or strengthening, establish a reasonable timeline for doing so (and state that in the CAP as the date of implementation.) Once the protocols are updated (i.e., if indicated, educate the staff regarding any "change in protocol" including documentation guidance. A Quality Assurance protocol should reflect this process for correction of all out-of-compliance issues across programs.	"Who" will address "this issue" with "which pertinent staff" ...	Final dates for policy & procedure revision implementation
	<i>SAMPLE</i>		

Quality Improvement Recommendations

The following Quality Improvement Recommendations do not require a Corrective Action Plan. These are recommendations which the NC BCCCP and WISEWOMAN Project strongly recommend.

Guidance from the Monitoring Review Team	Agency Plan of Action

**NORTH CAROLINA
BREAST AND CERVICAL CANCER CONTROL PROGRAM/WISEWOMAN
Monitoring Committee Findings
& Corrective Action Template**

Agency: _____

Date of Monitoring Visit: _____

FY _____

After the monitoring visit is complete, a summary of findings will be discussed by the monitoring team with provider staff on-site. Copies of the monitoring reports will be sent to the appropriate members of the program staff within 45 days.

A Corrective Action Plan (CAP) needs to be submitted and implemented within 45 days addressing each out-of-compliance issue identified using the following template:
The Monitoring Team will re-evaluate 6-12 months after the corrective action plan is approved.

Continuation of the provider's service contract will be evaluated based upon the ability to meet performance indicators for delivery of contract services and monitoring criteria.

Compliance Issues	Agency Corrective Action Plan (CAP) Response	Person Responsible	Implementation Date

Quality Improvement Recommendations

The following Quality Improvement Recommendations do not require a Corrective Action Plan. These are recommendations which the NCBCCCP and WISEWOMAN Project strongly recommend.

Guidance from the Monitoring Review Team	Agency Plan of Action

Date

Health Director or Head
County Health Department/Provider
Address
City, State, Zip Code

Dear _____:

Your agency has recently participated in the revised North Carolina Breast and Cervical Cancer Control/WISEWOMAN monitoring process as a part of the Division's Subrecipient Monitoring Plan and the National Breast and Cervical Cancer Early Detection Program in the Centers for Disease Control and Prevention (CDC). Both programs are funded by CDC grants. Your assigned Monitoring Team completed this on-site assessment on (date). Your Monitoring Process On-site Program Review is enclosed.

Although it identifies several strengths, there are also compliance issues found that will require a corrective action plan for continuation of the provider's service contract. This will be evaluated based upon the ability to meet performance indicators for delivery of contract services and monitoring criteria.

Your agency will need to submit and implement, within 60 days, a corrective action plan addressing each out-of-compliant issue identified by the Monitoring Team. The Monitoring Team will be available to assist your staff if needed in developing this plan. When the Monitoring Team has approved the correction action plan, it will be filed in Cancer Branch Director of Services and Contracts' office, and they will be following up with your agency to make sure that the plan is implemented. The Monitoring Team will re-evaluate 6-12 months after the corrective action plan is approved.

If you have questions regarding the monitoring site visit findings or the corrective action plan, please call me at (919) 707-#### or cell #.

Yours truly,

Attachment X

(NAME OF NURSE CONSULTANT)

Regional Nurse Consultant

Cancer Prevention and Control Branch

Cc: BCCCP/WW Coordinators
Nursing Director/Nursing Supervisor
Linda Carter, Director, NC BCCCP/WISEWOMAN
Carolyn Townsend, NC WISEWOMAN Project Coordinator

Enclosures: On-Site Monitoring Process Program Review Report

DRAFT SAMPLE

Date

Health Director or Head
County Health Department/Provider
Address
City, State, Zip Code

Dear _____:

Your agency has recently participated in the revised North Carolina Breast and Cervical Cancer Control/WISEWOMAN monitoring process as a part of the Division's Subrecipient Monitoring Plan and the National Breast and Cervical Cancer Early Detection Program in the Centers for Disease Control and Prevention (CDC). Both programs are funded by CDC grants. Your assigned Monitoring Team completed this on-site assessment on (date). Your Monitoring Process On-site Program Review is enclosed.

We are pleased to report that your agency is in compliance with the monitoring criteria Performance Indicators and established program standards. The monitoring process reflects your agency complies with all required components of the North Carolina Breast and Cervical Cancer Control Program and the WISEWOMAN Project (as appropriate).

Suggested recommendations may or may not be included in your report based on an overall general assessment from the monitoring team. These are meant as helpful suggestions for general quality improvement, but do not require a corrective plan.

Again, thank you for participating in the pilot of the revised NC BCCCP/WISEWOMAN (if indicated) monitoring process. Your agency's next scheduled monitoring visit for the BCCCP and WW Project is (3 years from date). Agencies may be monitored more frequently than every three years if there are concerns related to non-compliance with CDC Performance Indicators or your agency requests an earlier review. If you have questions regarding the monitoring site visit findings, please call me at (919) 707-#### or cell #.

Yours truly,

(NAME OF NURSE CONSULTANT)
Regional Nurse Consultant
Cancer Prevention and Control Branch

Cc: BCCCP/WW Coordinators
Nursing Director/Nursing Supervisor
Linda Carter, Director, NC BCCCP/WISEWOMAN
Brent Chattin, Director of Services and Contracts

Enclosures: On-Site Monitoring Process Program Review Report